

Mood and Feelings Questionnaire--Parent Version
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Please darken the circle next to the statement that best describes your child in the PAST TWO WEEKS.

	0 Not true	1 Sometimes	2 True
1. S/he felt miserable or unhappy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. S/he didn't enjoy anything at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. S/he was less hungry than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. S/he ate more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. S/he felt so tired s/he just sat around and did nothing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. S/he was moving and walking more slowly than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. S/he was very restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. S/he felt s/he was no good anymore.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. S/he blamed her/himself for things that weren't his/her fault.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. It was hard for her/him to make up her/his mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. S/he felt grumpy and cross with you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. S/he felt like talking less than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. S/he was talking more slowly than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. S/he cried a lot.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. S/he thought there was nothing good for her/him in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. S/he thought that life wasn't worth living.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. S/he thought about death or dying.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. S/he thought her/his family would be better off without her/him.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. S/he thought about killing her/himself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. S/he didn't want to see her/his friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ID #

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Mood and Feelings Questionnaire

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	0 Not true	1 Sometimes	2 True
21. S/he found it hard to think properly or concentrate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. S/he thought bad things would happen to her/him.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. S/he hated him/herself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. S/he felt s/he was a bad person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. S/he thought s/he looked ugly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. S/he worried about aches and pains.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. S/he felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. S/he thought nobody really loved her/him.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. S/he didn't have any fun at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. S/he thought s/he could never be as good as other kids.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. S/he felt s/he did everything wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. S/he didn't sleep as well as s/he usually sleeps.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. S/he slept a lot more than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. S/he wasn't as happy as usual, even when you praised or rewarded her/him.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Assessment Week	ID#	Assessment Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
0	<input type="text"/>	0 <input type="text"/>
1	<input type="text"/>	1 <input type="text"/>
2	<input type="text"/>	2 <input type="text"/>
3	<input type="text"/>	3 <input type="text"/>
4	<input type="text"/>	4 <input type="text"/>
5	<input type="text"/>	5 <input type="text"/>
6	<input type="text"/>	6 <input type="text"/>
7	<input type="text"/>	7 <input type="text"/>
8	<input type="text"/>	8 <input type="text"/>
9	<input type="text"/>	9 <input type="text"/>

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